



Kotak Securities Ltd. Kotak Infinity, 8th floor, Building No 21, Infinity Park, Off Western Express Highway, Gen A. K. Vaidya Marg, Malad (E), Mumbai - 400097.

**Branch Inward Details**

Recd. on  
Emp. Name  
Emp. ID  
Emp. Sign  
Branch Name

**KRA KYC COMMON UPDATION FORM A - INDIVIDUAL**

Note:- In case of multiple holders, please fill up separate forms  
All holder(s) signature proof required for E-mail/Mobile updation

☐ Trading code ☐ Demat Account No. DP ID: IN300214  
Date DD/MM/YYYY KNOW YOUR CLIENT (KYC) ☐ NEW ☐ CHANGE REQUEST

Please fill this form in ENGLISH and in BLOCK LETTERS. Please tick ☒ the appropriate now where CHANGE/CORRECTION is required IDENTITY DETAILS MANDATORY  
**\*FATCA Declaration:** I/we confirm that our Country of Birth/Nationality/ Citizenship/ Tax Residency/ Address/ Telephone No./ Address of POA or Mandate holder is of India ☐ Yes ☐ No (if answer to your question is 'No', then please provide complete FATCA Declaration available on page 5 & 6)

**1. PERSONAL DETAILS (Please refer instruction A)**

Name\*(same ID prof.)  
Nationality\* Date of Birth\* DD/MM/YYYY C- PAN Card  
Maiden Name (if any\*)  
Father/Spouse Name\* Mother Name\*  
Gender\* ☒ M-Male ☐ F-Female ☐ T- Transgender Marital Status\* ☐ Married ☐ Unmarried ☐ Others  
Residential Status\* ☐ Resident Individual ☐ Foreign National ☐ Non Resident Indian ☐ Person of Indian Origin  
Occupation Type\* ☐ S-Service (☐ Private Sector ☐ Public Sector ☐ Government Sector)  
☐ O-Others (☐ Professional ☐ Self Employed ☐ Retired ☐ Housewife ☐ Student)  
☐ B-Business ☐ Agriculturist ☐ Forex Dealer ☐ Others Please Specify

PHOTOGRAPH

Signature  
across photographName  
3rd Holder**2. PROOF OF IDENTITY AND PERMANENT ADDRESS (Please refer instruction B)**

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

KRA ☒ AADHAR ☒ NON KRA & NON AADHAR ☒

☐ A-Passport No. Passport Expiry Date DD/MM/YYYY  
☐ B-Voter ID Card  
☐ C-Driving Licence Driving Licence Expiry Date DD/MM/YYYY  
☐ D-NREGA Job Card  
☐ E-National Population Register Letter  
☐ F-Proof of Possession of Aadhaar/ VID (Virtual ID) XXXXXXXX/XXXXXXXXXXXX  
☐ E-KYC Authentication  
☐ Offline verification of Aadhaar

Address: Line1\*  
Line 2  
Line 3 Landmark (If any)  
City/Town/Village\* District\*  
Pin Code\* State/U.T\* Country\*

Name  
2nd Holder**3. CURRENT / CORRESPONDENCE ADDRESS (Please refer instruction B)**

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

KRA ☒ AADHAR ☒ NON KRA & NON AADHAR ☒

☐ Same as above mentioned address (In such cases address details as below need not be provided)

☐ A-Passport No. Passport Expiry Date DD/MM/YYYY  
☐ B-Voter ID Card  
☐ C-Driving Licence Driving Licence Expiry Date DD/MM/YYYY  
☐ D-NREGA Job Card  
☐ E-National Population Register Letter  
☐ F-Proof of Possession of Aadhaar/ VID (Virtual ID) XXXXXXXX/XXXXXXXXXXXX  
☐ E-KYC Authentication  
☐ Offline verification of Aadhaar  
☐ Deemed Proof of Address - Document Type

Address: Line1\*  
Line 2  
Line 3 Landmark (If any)  
City/Town/Village\* District\*  
Pin Code\* State/U.T\* Country\*

Name  
1st Holder**ACKNOWLEDGEMENT**

Date DD/MM/YYYY  
Address ☐ Yes ☐ No CRM Query ID 1 From  
Mobile No./Phone No. ☐ Yes ☐ No CRM Query ID 2 having Trading Code  
Email Id ☐ Yes ☐ No CRM Query ID 3 Client Id  
Name of the Employee Employee Code



For Kotak Securities Ltd.  
(Company Seal) Employee Signature

Your request will be processed within a tentative period of 7 days from the date of receipt of complete documents. In case of queries regarding the status of the request, We request you to call on Customer Service No. 1800 209 9191. Demat related complaints write at ks.demat@kotak.com for any other queries or complaints write at service.securities@kotak.com.



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#### 4. CONTACT DETAILS (Please refer instruction C) (All communications will be sent on provided Mobile no. / Email-ID)

Tel.(Res.) 9 1 S T D - Mobile 9 1 -

Tel.(Off.) 9 1 S T D - Fax 9 1 S T D -

E-mail ID. SMS Flag ☐ Yes ☐ No

The mobile number mentioned here belongs to Name of relative

☐ Self ☐ Spouse ☐ Dependent parent

☐ Dependent children PAN of relative

The E-Mail ID mentioned here belongs to Name of relative

☐ Self ☐ Spouse ☐ Dependent parent

☐ Dependent children PAN of relative

#### OTHER DETAILS of Account Holder

Gross Annual Income Details (please specify) :

Income Range per annum*	<input type="checkbox"/> Below ₹1 lac <input type="checkbox"/> ₹1-5 lac <input type="checkbox"/> ₹5-10 lac <input type="checkbox"/> ₹10-25 lac <input type="checkbox"/> More than ₹25 lac
	as on DD/MM/YYYY
Net-worth in ₹ (Net worth should not be older than 1 year)	as on DD/MM/YYYY

#### APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
- I/We are aware that the information on provided herewith shall be updated in accounts maintained at Kotak Securities under intimation to me.

Date

Place

1st Holder

X

Name Kamala Prasad Goyal

2nd Holder

Name

3rd Holder

Name

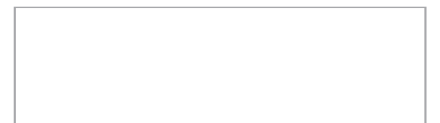
#### Check list to be verified by acquiring sales staff

☐ Details Applicable for All Holders

Details	Documents verified with original / Client Interviewed By / In-Person Verification done by
Name of the Employee / Authorised Person	
Employee Code / SEBI Reg. No. / AP Reg. No.	
Name & Address of Branch/Franchisee/ Service Center	
Designation of the Employee	
Date	
Place of verification	
Signature	

Name of Institution	Code of Institution
Kotak Securities Ltd.	NSE Code - 08081 BSE Code - 673 MSE Code - 1024
	MCX - 56285 NCDEX - 1262

Stamp of Institution



#### For Office Use Only

Ver.4 (Sept 2021)

<input type="checkbox"/> Address CRM Query ID 1	<input type="checkbox"/> Mobile No./Phone No. CRM Query ID 2
<input type="checkbox"/> Email Id CRM Query ID 3	

Application Type\*

☐ Update

KYC Number (To be filled by financial institution)

Account Type\*

☐ Normal ☐ Minor ☐ Aadhaar OTP Based E-KYC (in non-face to face mode)

Document Received

☐ Certified Copies ☐ E-KYC data received from UIDAI  
☐ Data received from Offline verification ☐ Digital KYC Process  
☐ Equivalent e-document ☐ Video Based KYC